Action Plan – Mr Christopher Desmond Slade at HMP Parc – Self-Inflicted Death on 11/07/2019				
No	**Recommendation**	**Accepted/ Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Director should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, in particular that they: • complete ACCT paperwork in a timely manner; • ask a nurse to examine the prisoner for injuries following an act of self-harm; • identify risk factors and assess a prisoner's risk based on their risk factors and not just personal presentation; and • take appropriate action to address known risk factors, such as referrals to the mental health team.	Accepted	ACCT guidance was issued to all case managers in July 2020 in addition to the ongoing national training programme for ACCT case management. The guidance provided further training on recognising risk factors, triggers and protective factors, placing emphasis on family support, psychology, health and how risk may be reduced. The ACCT guidance also provided examples of good quality care maps and case reviews and included a reminder of the requirement to identify risk factors and take these into consideration when making decisions about the need for referral to the mental health team. A Directors order was issued to all staff in August 2020 as a reminder of the requirement to complete all ACCT paperwork in line with the ACCT guidance and to ensure that a nurse is called to examine a prisoner for injuries following all acts of self-harm. Further one to one ACCT training was given to staff that were identified within the PPO report as failing to manage the ACCT process accordingly. This provided guidance and support to staff and agreed actions will be reviewed in order to provide ongoing support and to ensure staff compliance.	Completed Head of Safety Completed Head of Safer Custody
2	The Head of Healthcare should ensure that:	Accepted	A notice was sent to all healthcare staff in July 2020 reminding them that entries made in medical records must reflect the consultation accurately and when dealing with incidents of self-harm reasons for starting or not starting ACCT monitoring.	Head of Healthcare Complete

	• entries in prisoners' medical records accurately reflect the consultation; and • where the consultation is related to an incident of self-harm, that the entry explains the reasons for starting or not starting ACCT monitoring.		The weekly staff meeting agenda was reviewed and a section to discuss ongoing lessons learnt was added in August 2020. This will allow improvements to the consultation procedure to be discussed weekly and will ensure that all staff are aware of the requirements. Staff were reminded at the weekly meeting to clearly document the reasons around the decision of whether to open an ACCT immediately following the consultation.	
3	The Director should produce clear guidance to ensure that all prisoner requests for support from the RALPH and LIFT teams are actioned on the day the request is made.	Accepted	Written guidance was issued to all RALPH and LIFT mentors in August 2020 on the procedure to follow if there is a request to see a LIFT mentor. This included instructions on the actions to take if a mentor is unable to contact a particular residential area. The procedure now includes access to the duty orderly officer to ensure immediate action is taken.	Completed Head of Safety
A	The Director should ensure that all staff are aware of and use the appropriate medical emergency code when they discover an apparent medical emergency.	Accepted	A Director's Order was sent out in September 2019 which included guidance on the correct use of medical emergency codes. The Director's Order was updated to give further guidance, in line with national policy, and reissued in August 2020. Written communication was issued to all operational managers in August 2020 outlining their obligation to call an appropriate code and detailing the required follow up actions to ensure that all information is immediately communicated to the control room and ambulance service. Operational managers will also provide staff with ongoing guidance and support.	Completed Head of Safety
5	The Director should ensure that staff directly involved in a death in custody complete Incident Report Forms as soon as practicable following the death.	Accepted	Guidance on the debrief procedures following a serious incident was reissued in July 2020 in line with the HMPPS trauma risk management (TRIM) and national guidance on staff care and support. Staff were reminded that the incident report forms should be completed as soon as possible and within 72 hours following the incident. The management of serious incidents policy was reviewed in July 2020 to ensure that the safer custody coordinator liaises with the relevant senior	Completed Head of Safety

			manager to ensure staff have completed incident report forms in a timely manner and this will now be recorded on the PPO checklist record.	